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TO: Examiner Len Tran

FAX: 703-872-9306

CC:

FROM: Robert Brunet; Anissimoff and
Associates

MATTER #: 941915

DATE: March 29, 2005

OF PAGES: 7

RE: Response to Office Action

Appl. No. : 10/706,273
Applicant : Alain Renaud Boulet
Filed : November 13, 2003
TC/A.U. : 1725
Examiner : Len Tran

Confirmation No. 5644

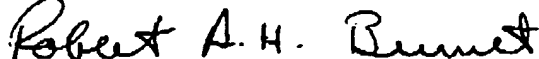
Docket No. : 941915
Customer No. : 33798

In response to the Office Action dated March 11, 2005, please find enclosed the following:

1. Transmittal (1 page)
2. Response to Office Action (5 pages)

We look forward to receiving confirmation of filing of the response by return facsimile.

Sincerely,
ANISSIMOFF AND ASSOCIATES



Per: Robert A.H. Brunet

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0851-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 8

Application Number	10/706,273
Filing Date	November 13, 2003
First Named Inventor	BOULET, Alain Renaud
Art Unit	1725
Examiner Name	Len Tran
Attorney Docket Number	941915

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input checked="" type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify
below): |
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Anissimoff & Associates, 33798		
Signature	<i>Robert A. H. Brunet</i>		
Printed name	Robert A. H. Brunet		
Date	March 29, 2005	Reg. No.	55,158

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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March 29, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT/RESPONSE

Sir:

In response to the Office action of **March 11, 2005**, please consider the following amendment/response. Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on **page 2** of this paper.

Remarks/Arguments begin on **page 5** of this paper.